

Sheridan Park District Assessment Appeal Form

Date: _____

Name: _____

Address: _____

Dwelling Type: _____

Year Built: _____

Tax ID #: _____

Reason for Appeal: _____

Other Comments: _____

Sheridan Park District Review: Approved: _____

Not Approved: _____

Reason for Decision: _____

Authorized Signature: _____

Sheridan Park District Chair

Return form to: Janet Marsh, Secretary, Sheridan Park District, PO Box 888, Sheridan, MT 59749